

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90417 050 ****61.25

DOCUMENT # N12142 1. Entity Name HUNTERS' CHASE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 266 WILDSHIRE BLVD SUITE 110 CASSELBERRY, FL 32707-53 72 US			Mailing Address 266 WILDSHIRE BLVD SUITE 110 CASSELBERRY, FL 32707-53 72 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2883039	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FOWLER, KIMBERLY 266 WILSHIRE BLVD SUITE 110 CASSELBERRY, FL 32707				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGRATH, LORRAINE T 995 NORTHERN DANCERWAY #205 CASSELBERRY, FL 32707	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Howard, Robert F 900 Northern Dancer Way #102 Casselberry, FL 32707	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EMMONS, LOIS 910 NORTHERN DANCER WAY #104 CASSELBERRY, FL 32707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD 	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEATHERMAN, JOE R 900 NORTHERN DANCER WAY 204 CASSELBERRY, FL 32707	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Murphy, Thomas P 955 Northern Dancer Way #103 Casselberry, FL 32707	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRAGUE, MIRIAM K 935 NORTHERN DANCER WAY 101 CASSELBERRY, FL 32707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KENNETH, GREGGS 1149 EXCELLER COURT 205 CASSELBERRY, FL 32707	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hevia, Luis A 1149 Exceller Court #103 Casselberry, FL 32707	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Robert F Howard</u> Robert F Howard 4/30/04 407-830-7799 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					